



CITY OF HIGH POINT
DEPARTMENT OF HUMAN RESOURCES
P.O. BOX 230
211 SOUTH HAMILTON STREET
HIGH POINT, NORTH CAROLINA 27261

APPLICATION FOR EMPLOYMENT
[PLEASE PRINT PLAINLY]



THE CITY OF HIGH POINT IS AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET & NO., RFD OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____ (_____) _____
AREA CODE HOME AREA CODE WORK

EACH JOB APPLIED FOR REQUIRES A SEPARATE APPLICATION FORM

TITLE OF POSITION: _____ JOB NUMBER: _____ *

ANSWER ANY APPLICABLE QUESTIONS BELOW BY MARKING BOX ON LEFT WITH [X] AND PROVIDING ANY ADDITIONAL INFORMATION REQUESTED IN THE SPACE ALLOTTED.

YES	NO	
		DO YOU POSSESS A VALID DRIVER'S LICENSE?
		ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES?
		ARE YOU A FORMER EMPLOYEE OF THE CITY OF HIGH POINT? LAST POSITION HELD? _____ DEPARTMENT _____ WHEN _____
		ARE YOU RECEIVING A RETIREMENT BENEFIT ADMINISTERED BY THE RETIREMENT SYSTEM DIVISION OF THE STATE OF NORTH CAROLINA DEPARTMENT OF STATE TREASURER?
		DO YOU HAVE ANY OF THE FOLLOWING RELATIVES WORKING FOR THE CITY OF HIGH POINT: SPOUSE, SON, DAUGHTER, FATHER, MOTHER, GUARDIAN, BROTHER, SISTER, GRANDFATHER, GRANDMOTHER, GRANDCHILDREN OR ANY COMBINATION OF HALF, STEP, IN-LAW AND ADOPTED RELATIONSHIPS THAT CAN BE DERIVED FROM THOSE NAMED ABOVE? IF SO, LIST THEIR NAMES AND THEIR RELATIONSHIP TO YOU: _____ RELATIONSHIP _____ _____ RELATIONSHIP _____
		HAVE YOU EVER BEEN CONVICTED OF A [] FELONY OR [] MISDEMEANOR REQUIRING IMPRISONMENT OR FINE IN EXCESS OF \$50? IF YES, NAME THE COUNTY _____ AND STATE _____
		HAVE YOU SERVED IN THE U.S. ARMED FORCES? IF YES, WHAT BRANCH? _____ FROM _____ TO _____ HIGHEST RANK ATTAINED _____ TYPE OF DISCHARGE _____

PLACE [X] IN BOX THAT MOST CLOSELY DESCRIBES YOUR SKILL LEVEL IN EACH OF THE AREAS LISTED

NONE BASIC ADVANCED

TYPING: WPM _____			
DATA ENTRY			
PERSONAL COMPUTER			
WINDOWS			
WORD			
EXCEL			
POWER POINT			
ACCESS			
LOTUS			
WORD PERFECT			
INTERNET			
OTHER COMPUTER USE:			

INDICATE ANY JOB-RELATED AUTOMOTIVE EQUIPMENT YOU ARE QUALIFIED TO OPERATE:

YES	NO	
		MOTOR GRADER
		DUMP TRUCK
		FORKLIFT
		BACKHOE
		GRADE ALL
		FRONT-END LOADER
		PASSENGER BUS

EDUCATION

CIRCLE HIGHEST SCHOOL YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

NAME OF HIGH SCHOOL _____ ADDRESS _____

DID YOU GRADUATE? YES___ NO___

IF NOT, HAVE YOU OBTAINED A GED? YES___ NO___

EDUCATION BEYOND HIGH SCHOOL	NAME & LOCATION	CIRCLE NO. OF YEARS COMPLETED	DEGREE/CERTIFICATE RECEIVED- IF ANY	MAJOR SUBJECT
TECHNICAL, BUSINESS		1 2 3 4		
COLLEGE OR UNIVERSITY		1 2 3 4		
GRADUATE OR PROFESSIONAL		1 2 3 4		
MILITARY		1 2 3 4		

IF YOU HOLD PROFESSIONAL CREDENTIALS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, LIST THEM SEPARATELY AND INDICATE SOURCE ISSUED BY.

EXAMPLES INCLUDE CPA, EMT, CONTRACTOR'S LICENSE

LICENSES, CERTIFICATIONS OR REGISTRATIONS	ISSUED BY

CURRENT OR MOST RECENT JOB

DATE EMPLOYED _____	EMPLOYER _____
DATE SEPARATED _____	MAILING ADDRESS _____
FULL TIME _____	CITY _____ STATE _____ ZIP _____
PART TIME _____	YOUR TITLE: _____
NO. SUPERVISED BY YOU _____	DUTIES _____
LAST SALARY: \$ _____ PER _____	_____
	REASON FOR LEAVING _____

NEXT MOST RECENT JOB

DATE EMPLOYED _____	EMPLOYER _____
DATE SEPARATED _____	MAILING ADDRESS _____
FULL TIME _____	CITY _____ STATE _____ ZIP _____
PART TIME _____	YOUR TITLE: _____
NO. SUPERVISED BY YOU _____	DUTIES _____
LAST SALARY: \$ _____ PER _____	_____
	REASON FOR LEAVING _____

NEXT MOST RECENT JOB

DATE EMPLOYED _____	EMPLOYER _____
DATE SEPARATED _____	MAILING ADDRESS _____
FULL TIME _____	CITY _____ STATE _____ ZIP _____
PART TIME _____	YOUR TITLE: _____
NO. SUPERVISED BY YOU _____	DUTIES _____
LAST SALARY: \$ _____ PER _____	_____
	REASON FOR LEAVING _____

NEXT MOST RECENT JOB

DATE EMPLOYED _____	EMPLOYER _____
DATE SEPARATED _____	MAILING ADDRESS _____
FULL TIME _____	CITY _____ STATE _____ ZIP _____
PART TIME _____	YOUR TITLE: _____
NO. SUPERVISED BY YOU _____	DUTIES _____
LAST SALARY: \$ _____ PER _____	REASON FOR LEAVING _____

NEXT MOST RECENT JOB

DATE EMPLOYED _____	EMPLOYER _____
DATE SEPARATED _____	MAILING ADDRESS _____
FULL TIME _____	CITY _____ STATE _____ ZIP _____
PART TIME _____	YOUR TITLE: _____
NO. SUPERVISED BY YOU _____	DUTIES _____
LAST SALARY: \$ _____ PER _____	REASON FOR LEAVING _____

LIST ONE PERSON WHOSE NAME DOES NOT APPEAR ELSEWHERE ON THIS APPLICATION, AND WHO IS NOT RELATED TO YOU, BUT WHO HAS IN-DEPTH KNOWLEDGE OF YOU AND YOUR WORK.

NAME _____
BUSINESS OR HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____
AREA CODE AREA CODE

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL FALSE OR MISLEADING STATEMENTS, AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERSTAND THAT, IN THE EVENT OF EMPLOYMENT, ANY SUCH FALSE OR MISLEADING STATEMENTS MAY RESULT IN DISCHARGE.

I UNDERSTAND THAT, IF I AM EMPLOYED, I WILL BE ON PROBATION FOR A PERIOD OF ONE YEAR, AND THAT I MAY BE DISCHARGED FOR ANY REASON DURING THIS PERIOD WITHOUT THE RIGHT OF APPEAL.

SIGNATURE OF APPLICANT _____

DATE _____

**HUMAN RESOURCES DEPARTMENT
EMPLOYMENT DIVISION**

Thanks for your expression of interest in a career opening with the City of High Point.

Applications submitted for position vacancies are carefully screened by the Human Resources Department and the names of those best qualified are forwarded to the hiring department. There interviews are conducted and job offers are made. All such offers are contingent upon a satisfactory post-employment physical exam which includes drug testing.

If the application form does not provide sufficient space for the full inclusion of education, training or work history which relates strictly to the position applied for, you may enclose supplementary pages containing this information. A resume may be attached to the completed application form, but **not** in lieu of the official application form. These additions, unless found to be in noncompliance with EEO guidelines, will be treated as an extension of the application form as will job-related cover letters and documentation.

Do not fax your return of this form. Only an original employment application form, signed and dated, is accepted for processing. When returning this original document by mail, including insert, supplementary information, and any additional correspondence, confirm cost of postage with your local postal clerk and address envelope to:

**CITY OF HIGH POINT
HUMAN RESOURCES DEPARTMENT
EMPLOYMENT DIVISION
P.O. BOX 230
HIGH POINT, NORTH CAROLINA 27261**

****CONFIDENTIAL****

**CITY OF HIGH POINT
NORTH CAROLINA**

AN EQUAL OPPORTUNITY EMPLOYER
M/F/H

THE CITY OF HIGH POINT PROHIBITS DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, CREED, COLOR, RELIGION, SEX, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, AGE OR ANY OTHER FACTOR WHICH CANNOT BE LAWFULLY USED AS THE BASIS FOR EMPLOYMENT DECISIONS.

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

ADDRESS _____
STREET & NO., RFD OR P.O. BOX

CITY STATE ZIP CODE

COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS REQUIRES EMPLOYERS TO MONITOR AND REPORT THE STATUS OF THEIR EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION PROGRAMS. FOR THIS PURPOSE, WE ARE ASKING YOU TO COMPLETE THE INFORMATION BELOW. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

DATE OF BIRTH _____ SEX ☐ MALE ☐ FEMALE
MONTH DAY YEAR

ETHNIC GROUP/BACKGROUND
☐ WHITE ☐ BLACK ☐ HISPANIC ☐ AMERICAN INDIAN/ALASKAN NATIVE
☐ ASIAN AMERICAN ☐ OTHER

POSITION APPLIED FOR _____ JOB NUMBER _____*

DATE OF APPLICATION _____

HOW DID YOU HEAR ABOUT THIS VACANCY?

☐ WALKED IN/ INQUIRED ☐ AD IN NEWSPAPER OR JOURNAL
☐ JOB HOTLINE, TV SPOT OR INTERNET ☐ COLLEGE OR PRIVATE PLACEMENT SERVICE
☐ EMPLOYMENT SECURITY COMMISSION ☐ PROMOTIONAL NOTICE
☐ CITY EMPLOYEE ☐ OTHER? _____

DRIVER'S LICENSE INFORMATION

LICENSE NO. _____ STATE _____ EXPIRATION DATE _____
CLASS ☐ A ☐ B ☐ C ☐ CDL (COMMERCIAL DRIVER'S LICENSE)



**WRITTEN AUTHORIZATION OF CONSUMER REPORT REQUEST
& DISCLOSURE OF CONSUMER REPORT REQUEST**

THIS DOCUMENT IS TO INFORM YOU THAT, AS A PART OF OUR PROCEDURE FOR PROCESSING YOUR EMPLOYMENT APPLICATION, OR OTHERWISE DETERMINING YOUR ELIGIBILITY FOR A POSITION WITH THE CITY OF HIGH POINT, A CONSUMER REPORT/CRIMINAL BACKGROUND CHECK MAY BE OBTAINED FOR EMPLOYMENT PURPOSES. THIS INQUIRY MAY INCLUDE INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, WHICHEVER MAY BE APPLICABLE.

I, _____, AUTHORIZE THE CITY OF HIGH POINT TO OBTAIN ONE OR MORE CONSUMER REPORTS/BACKGROUND CHECKS ON ME IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. SUCH REPORTS MAY INCLUDE, BUT ARE NOT LIMITED TO, CRIMINAL RECORDS CHECKS, CREDIT REPORTS OR OTHER INVESTIGATIVE REPORTS. THE AGENCY FROM WHICH THIS REPORT OR REPORTS MAY BE SOUGHT MAY INCLUDE, WITHOUT LIMITATION, CREDIT BUREAUS, PRIVATE INVESTIGATIVE FIRMS, CLERKS OF COURT, SCHOOLS OR OTHER EDUCATIONAL INSTITUTIONS WHICH I MAY HAVE ATTENDED TO REVEAL MY SCHOLASTIC RATINGS AND THE LIKE TO THE CITY OF HIGH POINT DURING THE COURSE OF THEIR INVESTIGATION AND I HEREBY RELEASE THEM FROM ANY DAMAGE WHATSOEVER FOR ISSUING SAME.

THIS AUTHORIZATION, IN ORIGINAL OR COPY FORM, SHALL BE VALID FOR THIS AND ANY FUTURE REPORTS OR UPDATES THAT MAY BE REQUESTED IN CONNECTION WITH MY EMPLOYMENT AT THE CITY OF HIGH POINT.

SIGNATURE OF APPLICANT

DATE _____